



The Road to Permanence... Less Traveled

The journey toward permanence can be a long and winding road. As adults, we often forget how much change we go through as we grow, age and mature. However, the path to successful adulthood can be a very bumpy ride indeed!

Many milestones exist in life that can become wonderful memories to a child. Each birthday, every holiday and all special family dates have the potential to create vivid memories of happy play, gifts of love and family support all around.

Do you remember your first day at a brand new school? Was it a thrill? Was it scary? What made the difference between the day being thrilling versus terrifying?

Chances are, what made a big event in a child's life memorable was not the event itself or the presents they might have received. Ask any child about a particularly

wonderful memory. Better yet, ask an adult, "What is your fondest memory as a child about (fill in the blank)?" With rare exceptions, what will be heard is not "the stuff" that the adult recalled getting, but rather who shared that experience with them. It is the connection, the permanence surrounding those connections that is the cherished part of the memory.

If the youth description of permanence involves the idea that someone out there will answer their collect call in the middle of the night or miss them if they do not show up, then clearly there is a need to focus more on the "who" than on the "what." Who is that connection for the child? Is it someone that has always been in the child's life? Is it someone with whom the child wants to connect? Is this person still in the child's life? What makes this adult connected to the child? Is it a relative connection, lost so long ago from family turmoil? Is it an absent mother or father who departed the family for reasons that no longer exist? Could it be a caring foster parent who has been more present in the child's last year than any family member ever has? Has the child made a deep connection to a teacher at school or a long-time babysitter?

Often in cases of child abuse and neglect, family members are often eliminated from a child's life, usually for safety reasons. Because it is a requirement for enhancing safety, workers must use a critical eye and good assessment to protect children from danger. It is customary to exclude and take away risks and while that is absolutely vital to a child's safety needs, it also creates a mindset that is necessarily exclusionary. Elimination is required for the moment, but is it always required? Life does have its ups and downs and things change on a daily basis for almost everyone. If that is true, why eliminate connections forever? Connections for children are opportunities to re-establish permanence.

Not all connections are good for children. Some connections should not ever be re-established, but some connections were severed for reasons that may no longer exist. The key is to figure out the important connections for each child and evaluate the risk and protective factors associated with each. Because the road to adulthood is a bumpy road to travel, we owe it to the children to evaluate who should be on the child's journey with them at different points along the way. The road changes, the child changes and so do the connections that are available.

Success Stories

Can We Get It to Work Again?

Looking at a picture of Regina during the Roundtable Meeting, the group let out a collective gasp at how Regina* showed no emotion on her face whatsoever. How could a 13 year-old give nothing away in terms of how she felt? Was she sad? Angry? Hurt? The group could not tell by looking at this child. Finally, the worker filled the group in on Regina's life up to now: eight psychiatric facility placements, several failed attempts at therapeutic foster homes and an unsuccessful home placement all in the span of three years.

What happened at the beginning of Regina's unraveling family life? She witnessed her father's suicide and the impact of that trauma led to an increasingly psychotic method of coping with stress and emotion. When the medical expenses became too severe, Regina came into state custody and the placements began.

Regina's caseworker brought the case to the Kentucky Roundtable process, believing that a new action plan could be created despite the uphill climb that seemed evident. In the presentation to the group, the worker shared that Regina had previously shown some progress in two arenas: at a particular placement and by using pet therapy. At Regina's current placement, she had lost the ability

to care for her beloved dog that had become a source of significant attachment. The assembled Roundtable team and caseworker brainstormed ideas that included a return to a previous placement during which Regina had shown great strides in improvement. This placement was also willing to work with Regina through pet therapy. The worker found Regina's dog, returned it to her and the hard work of attachment and permanency began in earnest for her.

The result? A Christmas picture of a smiling Regina holding her beloved dog was soon shared. The worker, now hot on the trail for permanency, continued to work with the provider on identified treatment needs, added transportation support for Regina's mother to attend family therapy, connected with Family Preservation and wrapped services around Regina's family upon **her return to her mother's care**. In a seven-month span and with the help of the Roundtable process, Regina's case was closed. A year later...she's in her permanent home!

How What You Believe as a Worker Matters

"I just don't see how Shelley*, Robert* and James* could ever return to that home and the grandparents aren't a good option either." It is not unusual to hear or even **think** that thought.

Child welfare workers interact with parents who, for so many reasons, do not or cannot take the steps toward a completed plan of action necessary for the safe return of their children.

Caretaker barriers for completion of case plans are wide ranging: financial, mental health, transportation, intellectual and substance abuse issues can all contribute. Each interferes with a successful outcome for permanence. These are common barriers. But what if the issue at the table is how the worker views things or believes things should be for families?

5 Key Questions for Successful Permanency Planning:

- What will it take?
- What can we try that HAS been tried before?
- What can we try that has NEVER been tried?
- How many things can we do concurrently?
- How can we engage the youth in planning?

Shelley, Robert and James could tell us what it is like when their worker did not believe in the possibility of permanence. These three children, all under four years old, were placed in care and remained there for 18 months while their parents struggled to complete even one item on

the case plan. Understandably frustrated with the parents' lack of progress and effort, the worker evaluated the grandparents' suitability only to determine that they, too, were not appropriate. Soon, TPR was the only topic of discussion and the case headed down that sad path.

When worker departed from the field and the case was reassigned, the family was reassessed with new "eyes." With just a little support from the worker, the grandparents became suitable. Why? Was it a fresh perspective? Was it due to a different set of values? Attitude?

Shelley, Robert and James' grandparents, while quite impoverished, **wanted** those three children. Their home was too small and there were concerns about proper supervision, but far from being unwilling to care for the children, the grandparents just needed some guidance. They really just needed few ideas to problem solve how to get the kids under their roof and someone who believed it was a possibility.

(cont'd) The worker assisted the grandparents in adding a room onto their home by showing them where and how to apply for the needed financial support. The worker conducted some supervised visits with the grandparents until the concerns for supervision were silenced.

Four months after taking over what appeared to be another sad ending of the parent-child bond through TPR, the sibling group was placed in their grandparents' home...permanently. They remain wrapped in the arms of their family.

We have learned that the single most important factor that determines whether a youth attains permanency is worker attitude (See Sue Badeau's presentation on permanence from the Casey Family Foundation). Children who do reach permanence look the same as those who do not.

What tips the case towards permanence is the number of social workers that a child has worked with and the worker's attitude and beliefs around permanence. What we think about permanence matters!

Progress Report

Kentucky Roundtables – September 2011

Phase I Fall 2009

- Kentucky has round tabled 104 children in "Out of Home Care"; out of this number, 44% or 46 have **achieved permanency statewide**.
- There have been 196 new **services** put in place for these 104 children.
- There have also been 154 new or re-established **connections** made for these 104 children.
- There have been 11 children that are no longer in DCBS custody but have exited with a strong support/connection in their lives.

Phase II Spring 2010

- Kentucky has round tabled 108 children in "Out of Home Care"; out of this number, 30% or 32 have **achieved permanency statewide**.
- There have been 169 new **services** put in place for these 108 children.
- There have also been 71 new or re-established **connections** made for these 104 children.
- There have been 7 children that are no longer in DCBS custody but have exited with a strong support/connection in their lives.

Phase III Fall 2010

- Kentucky has round tabled 123 children in "Out of Home Care"; out of this number, 27% or 33 have **achieved permanency statewide**.
- There have been 75 new **services** put in place for these 123 children.
- There have also been 72 new or re-established **connections** made for these 104 children.
- There have been 5 children that are no longer in DCBS custody but have exited with a strong support/connection in their lives.

Phase IV 2011

- Kentucky has round tabled 87 children in "Out of Home Care".
- There have been 22 new **services** put in place for these 87 children.
- There have also been 10 new or re-established **connections** made for these 104 children.

Resources

- Why is my client on Seroquel? Will these medications make my client sleepy ... or hyper? What is a psychotropic drug? The answers to these questions, plus a whole host of topics related to the gaps between best practice/SOP and the challenges that frontline staff face each day when working with families battling addiction will be on the agenda at an upcoming **"Drug Summit"** training coming to a town near you beginning in October 2011. A collaborative effort between the Child Safety Branch and the Family Violence Prevention Branch, the Summit will also help staff better understand the nature of addictive disease, types of drugs commonly abused and the implications for substance exposure to children. For Summit dates and locations, please contact Debbie Acker (Debbie.acker@ky.gov, 502.564.6852 x 4499).
- The **13th Annual Ending Sexual Assault & Domestic Violence Conference** is scheduled to take place from November 30 – December 2, 2011 at the Griffin-Gate Marriot Spa & Resort (Lexington, KY). CEUs are available for most professions. For more information, please visit: www.kasap.org.
- Do you carry a caseload heavy with families struggling to be released from the pain, fear and worry of domestic abuse? **October is National Domestic Violence Awareness Month** and with the support of the Kentucky Domestic Violence Association, the Commonwealth has access to many resources for families in need of safety from abuse, including shelter options, legal/court advocacy, counseling, housing assistance and job search support. For more information about services available to your region or activities scheduled for October, please visit: www.kdva.org.
- **What is autism?** Is it different from autism spectrum disorder? How is Asperger's Syndrome different from autism? Autism is a complex developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others. Families who have children with this diagnosis experience a significant level of stress as they attempt to understand the diagnosis and adapt to the special needs of their child. Family support is one of the most critical needs for families dealing with autism or any of its related disorders. With a prevalence of 1 in 110 U.S. births, autism is the fastest growing developmental disability today. For more information and resources around this diagnosis, please visit: www.autism-society.org or www.autismsupportnetwork.com.

Important Upcoming Dates

November 2	Cumberland Region
November 18	Salt River Region
November 30	Northern Bluegrass Region
December 6	Southern Bluegrass Region
December 7	Northeastern Region
January 11, 2012	The Lakes Region
January 12, 2012	Two Rivers Region

